

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>   |                                     | Attorney Docket No. <b>IFF-71</b><br><br>First Named Inventor or Application Identifier<br><b>PRABODH P. PAREKH, et al</b><br><br>Express Mail Label No. <b>EK050893456US</b>   | 03945 US PTO<br><b>10/706888</b><br><br> |
| <b>APPLICATION ELEMENTS</b><br><br>See MPEP Chapter 600 concerning utility patent application contents.   |                                     | <b>ADDRESS TO:</b><br>Mail Stop Patent Application<br>Commissioner for Patents<br>P.O. BOX 1450<br>Alexandria, VA 22313-1450  |  |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (attached hereto in duplicate)<br>2. <input checked="" type="checkbox"/> Specification [Total Pages 43]<br>(Preferred arrangement set forth below)<br>- Descriptive Title of the Invention<br>- Cross References to Related Applications<br>- Statement Regarding Fed sponsored R&D<br>- Reference to Microfiche Appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure<br>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 8]<br>4. Oath or Declaration<br>a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input checked="" type="checkbox"/> Unexecuted original<br>c. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional check boxes 5 and 16)<br>i. <input type="checkbox"/> Deletion of Inventor(s)<br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).<br>5. <input type="checkbox"/> Incorporation by Reference<br>(useable if Box 4c is checked)<br>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. |                                     | 6. <input type="checkbox"/> Microfiche Computer Program (Appendix)<br>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<br>a. <input type="checkbox"/> Computer Readable Copy<br>b. <input type="checkbox"/> Paper Copy (identical to computer copy)<br>c. <input type="checkbox"/> Statement verifying identity of above copies<br><br><b>ACCOMPANYING APPLICATION PARTS</b><br>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney<br>10. <input type="checkbox"/> English Translation Document (if applicable)<br>11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>12. <input type="checkbox"/> Preliminary Amendment<br>13. <input checked="" type="checkbox"/> Return Receipt Postcard (Should be specifically itemized)<br>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)<br><br>15. <input type="checkbox"/> Other: |  |
| 16. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:<br>Amend the specification by inserting before the first line: -- This is a <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional<br><input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: , filed . --<br>17. For this divisional application, please cancel original Claims of the prior application before calculating the filing fee.   |                                     |   |  |
| 18. CORRESPONDENCE ADDRESS  |                                     |   |  |
| <input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence Address below  |                                     |   |  |
| Name: Joseph F. Leightner, Esq.<br>Address: INTERNATIONAL FLAVORS & FRAGRANCES INC.<br>521 West 57 <sup>th</sup> Street<br>New York, New York 10019   |                                     |   |  |
| 19. TELEPHONE CONTACT   |                                     |   |  |
| Please direct all telephone calls or telefaxes to Joseph F. Leightner at:<br>Telephone: (212) 708-7103 Fax: (212) 708-7253  |                                     |   |  |
| 19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED   |                                     |   |  |
| NAME  | JOSEPH F. LEIGHTNER Reg. No. 34,209 |   |  |
| SIGNATURE   |                                     |   |  |
| DATE  | November 13, 2003                   |   |  |

IN THE UNITED PATENT AND TRADEMARK OFFICE

Applicant: PRABDOH P. PAREKH, et al.

For: "SYNERGISTICALLY-EFFECTIVE COMPOSITION OF ZINC  
RICINOLEATE AND ONE OR MORE SUBSTITUTED MONOCYCLIC  
ORGANIC COMPOUNDS AND USE THEREOF FOR PREVENTING AND/OR  
SUPPRESSING MALODORS"

EXPRESS MAIL CERTIFICATE

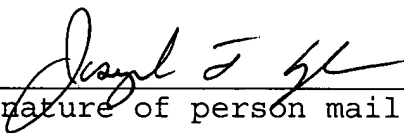
"Express Mail" mailing number: EK050893456US

Date of Deposit: November 13, 2003

I hereby certify that this complete application, including forty-three (43) specification pages, twenty-one (21) claims, eight (8) sheets of formal drawings, unexecuted Declaration and Power of Attorney, Information Disclosure Statement and Form PTO-1449 is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

JOSEPH F. LEIGHTNER

\_\_\_\_\_  
(Typed or printed name of person mailing paper or fee)

  
\_\_\_\_\_  
(Signature of person mailing paper or fee)

|                        |                          |                        |
|------------------------|--------------------------|------------------------|
| <b>FEE TRANSMITTAL</b> | <i>Complete if Known</i> |                        |
|                        | Application Number       | TO BE DETERMINED (TBD) |
|                        | Filing Date              | TBD                    |
|                        | First Named Inventor     | PRABODH P. PAREKH      |
|                        | Group Art Unit           | TBD                    |
|                        | Examiner Name            | TBD                    |
|                        | Attorney Docket Number   | IFF-71                 |


## FEE CALCULATION

### CLAIMS AS FILED

| (1)                       | (2)                                 | (3)          | (4)               | (5)                   |
|---------------------------|-------------------------------------|--------------|-------------------|-----------------------|
| FOR:                      | NUMBER FILED                        | NUMBER EXTRA | RATE              | BASIC FEE<br>\$770.00 |
| TOTAL CLAIMS              | 21 - 20 =                           | 1            | x 18.00           | \$ 18.00              |
| INDEPENDENT CLAIMS        | 1 - 3 =                             | 0            | x 86.00           | \$ 0.00               |
| MULTIPLE DEPENDENT CLAIMS | <input checked="" type="checkbox"/> | 6            | \$290.00          | \$1740.00             |
|                           |                                     |              | <b>TOTAL FEES</b> | <b>\$2510.00</b>      |

## METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 12-1295 in the amount of \$2510.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 12-1295. Three copies of this sheet are enclosed.

|                       |   |                                    |
|-----------------------|---|------------------------------------|
| <b>SUBMITTED BY:</b>  |   | <i>Complete (if applicable)</i>    |
| Typed or Printed Name | JOSEPH F. LEIGHTNER   | Reg. No. 34,209                    |
| Signature             |  | Date: 11/ 13/03                    |
|                       |   | <b>Deposit Account No. 12-1295</b> |